

Name

Mailing address

RECEIVED

FEB 1 1 2008

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Member of:

K House

District

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

☐ Senate

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

CROSTHWAITE

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

LEGISLATOR INFORMATION

City, zip code EUSWORTH, ME.	04605		(207) 667-317/				
PART 1. INCOM	IE DERIVED FROM EI	IPLOYMENT BY AN	OTHER				
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
Name of Employer	Ado	lress	Principal Type of Economic Activity of Employer				
FAITH COMMUNITY FELLOWSHIP, INC.	P.o. Box 207, Eus	WORTH, ME 0460	5 CHURCH				
YESTERDAY'S CHILDREN, INC.	-		ICF/MR. NURSING HOME				
STATE OF MAINE	AUGUSTA, M	E 04333	STATE REPRESENTATIVE				
PART 2: INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.							
Name and Address of Business Entity	Major Are	as of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name:			The second section of the second section of the second section				
Address: Name: Address:	N No Park	e en					

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	MENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the p the entity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your	EFECTIVE AND A SECURE OF COMMERCE AND ADDRESS OF THE SECURE AS A S
Name and Address of Firm Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name:	
Address:	
Name: ₅	
Address:	ne e
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	gifts. If none, check the box.
None	•
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: THE FIRST Address: 102 MAIN ST., BARHARBOR, ME. 04609	TARKETALEAT
Address: LOZ MAUNST:, BARHARBOR, ME. 04609	INVESTMENT TRUST FUND
Name:	
Address:	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	reporting period, and list the major
None: None: A A A A A A A A A A A A A A A A A A A	1 Y
Name and Address of Greditor	Principal Type of Economic Activity of Creditor
Name: THE FIRST	
Address: 102 MAINST., BARHARBOR, ME. 04609	EXECUTIVE (REDIT LINE
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If
None	e de Anguardo Solvero Solvero en estado de Salvado Albara.
Name of Source of Gift Name of S 1.	Source of Gift
2	

K						•
PART 7. REPORT	<u> </u>			The distance of the first transfer of	1 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
List the source of any honoraria accepted for appearances or speed	ches rela	ated to y	our offi/	icial duties. If n	one, check th	ie box.
None			•			
Name of Source of Honoraria	and the second	angerene Serja de la Serjadore	Na	ame of Source	of Honoraria	
1.	3.				•	
2.	4.		and the second second second second second	inantinanan meneratu meneratu inggara meneratu 1.45, ya <u>na normal</u> enina me		WITTERSTANDARD AND ADMINISTRATION OF THE ADM
PART 8. REPRESENTATION	BEFO	RE ST	ATE A	GENCIES		
List each executive branch agency before which you represented the box.					of any amoun	t. If none, check
None	<u></u>	W		A Committee of the Comm	*	Attivit Mathematica commencement of the company of the state of the commencement
Name of Agency				Name of A	jency	
1.	3.	T.				
2.	4.					
PART 9. BUSINESS W	ITH ST	ATE A	GENC	ies i i		
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur imme	diate fa	mily sol	ld goods or ser	vices with a v	alue in excess of
None		07-42-18-18-18-18-18-18-18-18-18-18-18-18-18-	Alexander Communication	**************************************	AND THE PARTY OF T	2
Name of Agency	Trans.		£ 33 . 15	Name of Ac	jency .	
1.	3.					titisisisisisisisisisis varta 1200 tot 1200 tot takkaititisis varan yara ≤
2.	. 4.				**************************************	
PART 10. INCOME RECEIVED BY I	MEMBE	RS O	- IMME	EDIATE FAM	LY	
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$	1.000 o	r more	received by yo	ur snouse or	dependent child /ed by spouse or
Type of Economic Activity Representing Source of Income Recei	ved	appro	cle priate ter		Kind of Incor	ne
1. None	and the second s	S	D	e never - 1.000 o o unio de unio	Palaini dan palaini dan	The second secon
2.		S	D			
3.	The second secon	S	D	and with the state of the state	The second se	aparaman a araba in the <u>Tanana araba in Araba araba</u>
4.	TOTAL PROPERTY OF CONTRACT, AND ASSESSED.	S	D	. TOTAL STEEL A SECURE AND	A. San	A (COLOR)
SIGNA	TURE	war d Bari				
A Legislator who willfully fails to file a required statement is suited (1 M.R.S.A. § 1017-A)	bject to	a fine	of \$10	per business	day until th	e report is filed.

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

NAME:	DATE:	95599988888888888888888888888888888888
ADDRESS:		*; :
	ADDITIONAL INFORMATION	
Please provide any additional information you are providing.	nal information below (and on additional sheets if needed). Indicate the part or section num	iber for the
Part/Section Industries of Number		
in the manufacture in the		
underzanik dasu.		. 44
of harder with his		
confinite to there are		
viscoanaidra		
AND ANDMINANA		
a dilector i il il indicato		
And the authorized materials and aut		
regulation for the second		
HEELITONIA AAAA		
water control of the		
here is a second of the second		
Tracks powers at		
are constant to the state of th		;
lana of the state		
* Commence of the Commence of		.*-
To a reaction and		
-dear month/state		
		·
-		
	•	